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THE STRESS EPIDEMIC PAGE 74

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STRESS: THE TEST AMERICANS ARE FAILING

MEDICINE

THE CRIPPLING ILLS THAT STRESS CAN TRIGGER

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...cesses in the market and the economy.

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STRESS: THE TEST AMERICANS ARE FAILING

IT'S TAKING A GREATER TOLL ON CEOs, MANAGERS, FACTORY WORKERS . . .

It sounded like an offer you'd better refuse. General Motors Corp. gave a fiftyish manager the option of early retirement. Many of his colleagues had accepted similar offers. But four of them killed themselves shortly after.

When J. C. Penney Co. announced it was moving corporate headquarters from New York City to Plano, Tex., employees were so upset that the company expanded its counseling staff from 1 to 12.

Four years after the court-ordered split-up of American Telephone & Telegraph Co., managers still suffer. Morale is at rock bottom and they react to layoffs in other departments as if their own jobs are on the line.

Stress. From the corner office to the factory floor, it's epidemic in U. S. business. Competition, Bloody Monday, layoffs, mergers and acquisitions—all are taking their toll in derailed careers, broken families, and emotional disorders. Signs are everywhere. Employees drink to excess and slip disastrously in their performance. They erupt into fits of uncontrollable rage at work and abuse their families at home. A few commit suicide.

For executives, holding up under intense pressure is a prerequisite for climbing the corporate ladder. But everyone has a limit. Exceed it, and pay the penalty in ill health or poor performance. Today, stress levels are so high that "managers' abilities to cope are inadequate," says James A. Wilson, professor of business administration at the University of Pittsburgh. Constandino "Dean" Biris, a consultant on corporate change, estimates that "at least 45% of American managers suffer too much stress." As a result, "they are becoming abusive, intolerant, and dictatorial."

The conditions that put employees into the pressure cooker are fairly constant: fear of job loss, work overload, lack of control over one's work, nonsupportive supervisors or co-workers, limited job opportunities, conflict, and uncertainty. What's changing is that those conditions are now the rule, not the exception. The rate of major depression is rising among those born since 1940, as is the rate of suicide among those born since 1930.

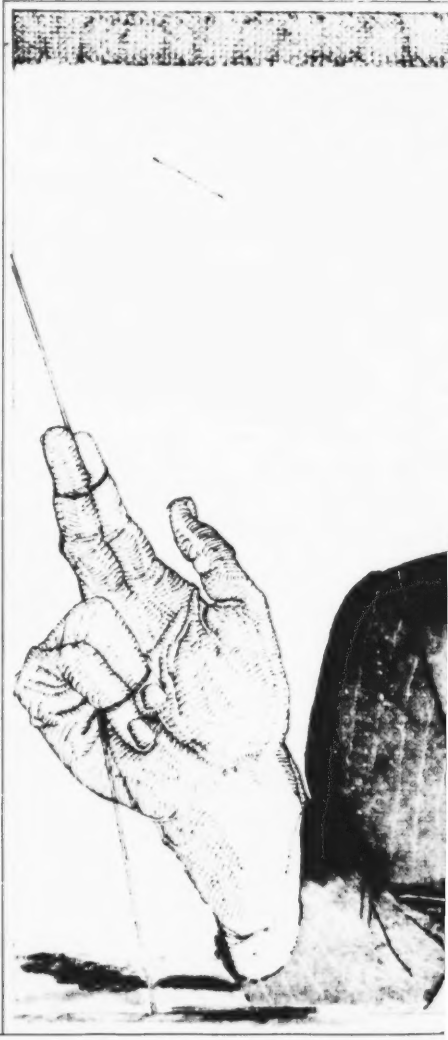
Mental health experts estimate that as many as 15% of executives and managers suffer from depression or critical levels of stress that will eventually affect their job performance. Middle managers, whose jobs are more uncertain and who wield less control over their destinies than senior managers, are most at risk for severe problems. Some psychiatrists believe that baby boomers are especially vulnerable. They are more mobile, less religious, marry later, and have fewer children—all factors that weaken the support systems that helped earlier generations cope with stress.

HIGH COST. The cost to business of stress-related problems and mental illness is estimated at $150 billion annually in health insurance and disability claims, lost productivity, and other expenses. More than 90% of the 500 largest companies, up from 65% in 1985, have already launched some form of employee-assistance or wellness program designed to promote employees' health and manage stress. But with the exception of a handful of model programs, most efforts fail to reach the most troubled employees.

The stigma is still great enough to deter many managers with serious problems from seeking help at work or on their own until a crisis forces them to act. "I'm still clawing my way back up," says one high-level executive at a Midwest-based company. "But I'll never be in the inner sanctum again. I revealed my flaw—I buckled under stress." This executive, in his 50s, thought he was doing just fine several years ago. Then top management promoted him, doubling his work load. Soon afterward his child, who suffers from an incurable disease, became critically ill.

He was overwhelmed. "It's like you're a live wire with no insulation," he says. "The slightest little nudge, and you spark. You want to scream out the window that everything is starting to pester you. Even when the phone rings, it irritates you. You don't eat right or sleep well. You feel you're carrying the weight of the world on your shoulders, and nobody is going to help you."

In one week, he told off three of his superiors—including the chief executive officer—in public. Yet when the CEO asked to see him afterward, he thought he was up for a bonus or another promo-



tion. Instead, he was relieved of one of his key titles and told he might be fired. But he was lucky: Colleagues came to his defense, telling top management about the child's illness, which he had kept secret. He still has his job, but without his most demanding responsibilities. "They put me in neutral," he says.

UP AND DOWN. Few executives have so dramatic a story to tell, but large numbers of managers now suffer from episodes of stress that lay them low. "More and more, managers are going in and out of competence due to stress," says Eugene E. Jennings, professor of management at Michigan State University's graduate school of business. "One day they'll be out fighting, the next they'll be anxious and uncertain." Although these managers seem to cope now, Jennings and others worry that they may develop more serious problems.

Perhaps the single most devastating blow to a person's psyche is being laid off. On Oct. 19, expectations and lifestyles crashed with the stock market. Within weeks 15,000 people were laid off, and bonuses dried up. Hundreds were forced to cut back, sell real estate, and look for new jobs. Many who still have jobs face uncertain futures.

Such circumstances set off a psychological cycle of denial, anger, grief, bargaining, and acceptance. Outplacement firms estimate that some 10% of ex-managers suffer psychological problems such as depression and anxiety severe enough to warrant professional help. Some managers "suffer a lot of shame and blame themselves," says Froso Sendukas, a psychologist working with management casualties in Houston. One unemployed Houston-area executive confesses that he dreads even going to the grocery store because he fears running into old friends and associates.

Some Wall Street professionals are weathering the strain, but others are registering a variety of effects. By April, dozens of brokers, traders, and analysts at Salomon Brothers, Kidder Peabody, Merrill Lynch, and Fidelity Investments reported chronic insomnia, irritability, tension, and worry. "Retail brokers are the worst," says Eric Kobren, editor of a Boston financial newsletter. "Half the desks are empty. Either they don't show up for work or they take two- or three-hour lunches."

DRINKING HARD. More severe reactions are just below the surface. "I know guys who've been off alcohol for years," says one trader. "Now they're guzzling six drinks a day. Then they go home drunk and scream at their wives." Pace Health Services, an alcohol and drug treatment clinic in midtown Manhattan, reports that its caseload has climbed 25% since Jan. 1, largely because of alcohol problems. Mental health professionals expect more cases of depression in the coming months as families' lifestyles change and some people remain out of work. If the market or the economy takes a turn for the worse, "we'll see an

ALAN E. COBER

increase in suicide and depression," predicts David Bricker, a psychologist with a Wall Street practice.

Often employees who lose their jobs react with furious anger. "In the extreme, they shoot somebody," says Robert Dewar, chairman of the Organizational Behavior Dept. at Northwestern's Kellogg School of Management. Acts of sabotage, particularly of records and computer data, are common. Human-resources executives at half a dozen big companies privately admit to destructive outbursts by laid-off managers.

MERGER TRAUMA. Surviving a merger or acquisition can be equally arduous. When Baxter Travenol Laboratories Inc. merged with American Hospital Supply Corp. in 1985, managers from both companies had to reapply for jobs in the new organization that was created out of the merger. Four thousand jobs were eliminated. "Anybody who goes through a merger like this will probably have some type of problem," says Anthony J. Rucci, Baxter's vice-president for human resources, who had the job of trying to ease the trauma. "Anecdotally, I can guarantee that the degree of alcohol, drug, and child abuse went up."

Indeed, the layoff of 6,800 employees since 1984 at Phillips Petroleum Co. has had far-reaching effects in Bartlesville, Okla., the company headquarters. Last year's statistics from Women and Children in Crisis, a local shelter and counseling center for abused families, tell a grim tale: Requests for assistance shot up 69%; women attending support groups for battered wives leapt 41%; and the number of children in counseling groups rose 74%.

The psychological effects of mergers and acquisitions on those who don't lose their jobs can be as profound—and long-lasting. AT&T started preparing employees for the company's divestiture two years before it took effect in 1984. Psychologists figured they would need to keep extra services available for about two more years. But they miscalculated.

Two years later AT&T's management realized it had a crisis. Its strategy for entering the computer business unraveled, earnings went down, and the company announced a downsizing of some 32,000 employees over several years. The company's top psychiatrist, Dr. Joel Moses, warned top management that employees doubted their abilities to cope and harbored anger against the company. Signs of "disengagement," a subtle lack of focus and commitment, were strong. Some employees who once had worked under the threat of losing their jobs exhibited what Richard J. Ritchie, manager of corporate psychological research, calls a "flashback" phenomenon. The announcement of layoffs in other departments provoked such stress and anxiety that they reacted almost as if their own jobs were in danger.

Last year, AT&T surveyed 40,000 employees to gauge morale. The results confirmed Moses' concerns. Among the findings: A majority of employees said they were concerned about the future of their work groups. They cited too much job pressure, heavy workloads, believed they were not treated with respect, and felt that their supervisors weren't concerned with developing their careers.

As AT&T learned, even the best corporate stress-management programs are not always very successful at dealing with serious trauma in a corporation. While such programs can help employees deal with everyday job worries, "they don't confront the depressed employees, depressed drinkers, or seriously stressed people until they fall on their faces or suffer serious physical problems," says Dr. Harold Visotsky, chairman of Northwestern University's Institute of Psychiatry.

So this year, AT&T has launched a series of meetings to hammer out strategies to solve the problem. But Ritchie estimates that it will take at least three years to see any improvement. "If something happens like a recession that threatens the company, it could be a disaster," he warns.

WEARING BLINDERS. Many companies, in fact, are still reluctant to admit that their employees have serious problems. Even after the crash, few Wall Street firms officially say it caused problems. One human-resources director at a major brokerage house insists there has been no increase in stress. "That's a joke," says a broker at the same firm. "They just don't want to see it."

Nor do most corporate programs address policies and practices that contribute to stress. "Not enough companies recognize that they are part of the problem," says Leon J. Warshaw, executive director of the New York Business Group on Health, a corporate coalition on health care costs. Indeed, some of the very companies that push stress management may be those that "set unrealistic deadlines for their employees or put them in work overload for long periods of time with no relief," says one California employee-assistance manager. That can happen because senior managers—those who may deal best with pressure—aren't sympathetic to the stress problems of lower managers.

Alleviating stress may require casting a critical eye on management practices that exacerbate tension, from corporate structure and deadlines to workloads and communications policies. To identify and solve those problems "a lot of systemic interventions are in order," says Kenneth R. Pelletier, a professor of psychiatry at the University of California Medical Center in San Francisco. Executives from the CEO down may need to learn to step in as soon as employees exhibit early-warning signs of stress. As the cost of stress rises—in medical payments, low morale, and low productivity—a manager's skill at relieving stress may become just as important as the ability to cope with it.

By Emily T. Smith in New York, with Jody Brott in Chicago, Alice Cuneo in San Francisco, Jo Ellen Davis in Houston, and bureau reports

MITCH KEZAR

A CASE OF DEPRESSION IS NOTHING TO HIDE

"It's a death sentence to admit depression, yet it's easier to fix than alcoholism," says Theodore J. Arneson, president of Professional Instruments Co., in Hopkins, Minn. Arneson has suffered five episodes of depression since 1963.

Arneson, 63, kept quiet at first. He worried that if word got out his business would suffer. But during a bout in 1981 he vowed to go public. "Something has to be done," he says. "Depression is a major tragedy, people lose jobs and families."

Now he encourages companies to hire and keep employees who suffer from depression. He counsels others and has served on key Minnesota mental health commissions. "It takes a lot out of you, but there's almost nothing you can't do when you're depressed that you do when you're not—as long as you have support."

THE CRIPPLING ILLS THAT STRESS CAN TRIGGER

They range from acute anxiety to suicidal depression

Jim, a soft-spoken, 45-year-old financial analyst, is all too familiar with the effects of stress in the workplace. When his organization was plagued by layoffs and cutbacks, he began to act "bizarrely," he says. Jim's mood swings eventually put off his managers. As a result, he was demoted to a department that was less visible and where his skills were ill-suited to the job.

It took seven years before Jim's ailment was correctly diagnosed. He is one of 10 million Americans who suffer from depression serious enough to warrant medical attention. Jim believes that his illness—bipolar, or manic, depression—was triggered by his failure to cope with job-related stress.

EARLY WARNINGS. Doctors agree that when stress is left untreated it can lead to more serious mood disorders such as depression and anxiety—especially among those with a genetic predisposition to such ailments. That's because stress and depression share a common chemistry in the brain. A hormone called corticotropin-releasing hormone (CRH) marshals the body's defenses against stress. Even after the stress subsides, the body keeps releasing the hormone, sometimes for years. CRH is also found in elevated levels in the brains of people who suffer from depression. That helps explain why depression recurs and why each new episode increases the chances of a recurrence.

This makes it particularly important to deal with stress on the job while it's still at a manageable level. The symptoms may be physical, psychological, or both (table). Early warning signs such as headaches, back pain, irritability, insomnia, absenteeism from work, overeating, and heavy drinking are all too easy to dismiss. But they can lead to serious emotional disorders as well as aggravate ulcers and heart disease.

Whether stress will escalate into something more serious seems to depend on a number of factors, including the severity and duration of the stress and the individual's ability to cope. "It's the frame of mind that's important rather than the stressful event itself," says Alan Breier, clinical director of the outpatient program at the Maryland Psychiatric Research Center in Catonsville, Md. "What matters is whether the stress leaves a person feeling helpless and out of control."

When stress gets out of hand, the most serious consequence—severe depression—often goes untreated. Typically, only about 10% of depression sufferers get the medical help they need. That failure can be fatal: Depressed individuals make up some 60% of all suicides. A major problem is misdiagnosis. Biochemical tests can distinguish between certain kinds of mood disorders, however they are often unreliable.

'LIKE A FEVER.' So most doctors rely on a complicated checklist of psychological symptoms. Diagnosis is tricky because many mood disorders have similar manifestations. Bipolar depression, for example, is often mistaken for schizophrenia—especially during the manic, rather than the depressive, phase of the disease. And mood disorders also produce symptoms that mimic those of about 75 different physical problems, such as drug poisoning, a malfunctioning thyroid gland, or multiple sclerosis. "Depression is like a fever," says Dr. William Z. Potter, a neuropharmacologist at the National Institute of Mental Health. "It's a nonspecific response of the brain to a variety of environmental and metabolic stresses."

Anxiety can also be hard to spot. Its early signs are similar to those of stress, but it can escalate into the de-

WHEN THE PRESSURE GETS TO BE TOO MUCH

STRESS

Symptoms Irritability, insomnia, alcohol and food abuse. Physical changes including rapid breathing and heart rate, tensed muscles, queasy stomach. Prolonged stress can cause muscular twitches, skin problems, baldness, angina attacks, and sexual problems such as impotence

Treatment Simple relaxation exercises and deep breathing. Also general exercise, and biofeedback for muscle tension

ANXIETY

Symptoms Excessive worry, irritability, anger, nervousness, as well as inability to concentrate or sleep. Panic disorders are periods of intense fear. Physical changes include palpitations, chest pain, dizziness, hot and cold flashes, or trembling

Treatment Psychotherapy, supportive counseling, and relaxation. Anxiety-fighting drugs and antidepressants can help

DEPRESSION

Symptoms Feelings of sadness, hopelessness, guilt, and worthlessness; sense of doom; loss of interest in activities; disturbed sleep; change in appetite or weight; difficulty concentrating; suicidal thoughts. Mania shows up as sudden euphoria, hyperactivity, and grandiose thoughts

Treatment In mild cases, psychotherapy is effective. Antidepressants are used in severe cases. Combined, both therapies can control the illness for about 90% of sufferers. Lithium drugs help about 80% of manic-depressives

DATA: BW

bilitating unfocused fear known as panic attacks, heart palpitations, or hot and cold flashes. "During normal stress, we can pinpoint the things that we're aroused about, whether they are the demands of jobs and marriages or whatever," says Dr. Steven M. Paul, chief of the clinical neuroscience branch of the NIMH. "But with anxiety we can't say exactly why we're disturbed."

When full-blown depression does develop, it usually casts an umbrella of long-lasting symptoms. It may manifest itself as sadness, but sufferers often say they simply feel "dulled," incapable of carrying out even the simplest task. It can also be seasonal: One form afflicts people in the winter, another—more difficult to treat—in the summer.

An ongoing inexplicable sadness may also be caused by a little understood condition called dysthymic disorder (DD). This condition, which afflicts an estimated 5 million Americans, mostly women, causes sufferers to have "the blues" most of the time—but usually not enough to seek help. While depression can subside in six months if untreated, DD persists for at least two years.

EYE OF THE BEHOLDER. Many doctors prescribe drugs to attack DD and depression. But psychotherapy, particularly such short-term forms as cognitive behavior therapy, can also be highly effective, especially when used to treat milder forms of depression or DD. In very severe cases, once-discredited shock therapy can often help. For some forms of depression, sleep deprivation or light treatments also work.

But it's much easier to deal with stress before it becomes serious. A handful of companies, such as IBM, AT&T, Xerox, and Johnson & Johnson, have set up model programs that include everything from exercise and meditation to counseling and referrals.

Denis B. Woodfield, director of corporate treasury services for Johnson & Johnson, is one who believes they help. His reaction to stress was eating—and eating. His 6-foot, 1-inch frame ballooned to 300 pounds, and he developed a bleeding ulcer. Three years ago he joined J&J's wellness program. Its regimen of exercise and dieting pared 75 pounds. "It clears my mind so that I feel better," he says.

To some extent, stress is in the eye of the beholder—the difference between perceiving the weather as partly sunny or partly cloudy. Keeping a balance between work, family, and cultural, intellectual, or athletic interests helps one manage stress. The best defense may be a positive attitude, welcoming change and pressure as challenges—not threats.

By Sana Siwolop in New York, with Reginald Rhein Jr. in Washington and Joe Weber in Philadelphia

GERALD DAVIS

Reprinted by the
DEPRESSION AWARENESS, RECOGNITION, AND TREATMENT (D/ART) PROGRAM

D/ART is a national program to educate the public, primary health care providers, and mental health specialists about depressive disorders--their symptoms, diagnosis, and treatment. D/ART is sponsored by the National Institute of Mental Health (NIMH) in collaboration with the private sector to benefit the mental health of the American public.

Clinical depression, a major public health problem that incapacitates more than 10 million American men and women each year, is a serious and costly illness. It is estimated that in 1980 the national economy lost $16 billion annually due to depressive disorders. For individuals, families, friends, and colleagues, the pain is immeasurable.

The real tragedy is that millions of Americans are suffering needlessly. Only one out of three people experiencing depression seeks professional help even though medications and psychological treatments (often used in combination) relieve the painful symptoms of depression for most people. With accurate diagnosis and appropriate treatment, 80 percent of depressed people can improve substantially and return to normal participation in daily activities.

Treatment for depression is available from:

- Physicians
- Mental health specialists
- Health maintenance organizations
- Community mental health centers
- Hospital departments of psychiatry or outpatient psychiatric clinics
- University- or medical school-affiliated programs
- State hospital outpatient clinics
- Family service/social agencies
- Private clinics and facilities

Information about depression is available from:

D/ART Public Inquiries
NIMH
5600 Fishers Lane
Room 15C-05
Rockville, MD 20857

For information about the D/ART Program, contact:

D/ART
NIMH
5600 Fishers Lane
Room 14C-02
Rockville, MD 20857

For information about mutual and family support groups. . .

In addition to professional treatment, many people benefit from joining mutual and family support groups. For a list of groups in your local area, contact:

National Alliance for the Mentally Ill
2101 Wilson Boulevard, Suite 302
Arlington, Virginia 22201
(703) 524-7600

National Depressive and Manic Depressive Association
53 West Jackson Boulevard, Room 618
Chicago, Illinois 60604
(312) 939-6027

National Mental Health Association
1201 Prince Street
Alexandria, Virginia 22314-2971
(703) 684-7722

National Foundation for Depressive Illness
P.O. Box 2256
New York, New York 10116
(212) 620-7637

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